



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			TELEPHONE
TOGUCHI, CHARLES, T.			808-221-0327
MAILING ADDRESS (Street)			FAX
47-640 HUI ULILI STREET			808-239-1271
(City)	(State)	(Zip Code)	
KANEIOHE,	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HMA, INC.			480-921-8944
MAILING ADDRESS (Street)			FAX
1600 W. Broadway Rd. Suite 300			480-214-4601
(City)	(State)	(Zip Code)	
Tempe,	Az.	85282	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jim Dyer			480-921-0469
MAILING ADDRESS (Street)			FAX
1600 W. Broadway Road. Suite 300			
(City)	(State)	(Zip Code)	
Tempe,	Az	85282	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Charles J. Loguabli

(Signature of Lobbyist)

1-13-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME <u>James D. Dyes, Chairman</u>		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) <u>HMA INC.</u>		TELEPHONE <u>480-921-8944</u>	
MAILING ADDRESS (Street) <u>1600 W. Broadway Rd. Suite 300</u>		FAX	
(City) <u>Tempe</u>	(State) <u>Az</u>	(Zip Code) <u>85282</u>	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<u>James D. Dyes</u>		<u>1-3-07</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	